
UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

BRIAN J. HUBER,)
vs.)
Plaintiff,) No: 17 CV 6222
vs.) JURY DEMAND
ESSEX ELECTRO ENGINEERS, LLC.,)
Defendant.)

PLAINTIFF;S EXHIBIT A

CHARGE OF DISCRIMINATION		AGENCY	CHARGE NUMBER	
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	440-2017-00090	
				and EEOC
State or local Agency, if any.		S.S. No.		
NAME (Indicate Ms., Ms., Mrs.) Mr. Brian J. Huber		HOME TELEPHONE (Include Area Code) (847) 428-2851		
STREET ADDRESS 6653 Majestic Way, Carpentersville, Illinois 60110				DATE OF BIRTH 11/4/1957
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)				
NAME Essex Electro Engineers, Inc.,		NUMBER OF EMPLOYEES, MEMBERS 15-100	TELEPHONE (Include Area Code) (847-891-4444)	
STREET ADDRESS 2015 Mitchell Blvd, Schaumburg, Illinois 60193				COUNTY Cook
NAME		TELEPHONE NUMBER (Include Area Code)		
STREET ADDRESS CITY, STATE AND ZIP CODE		COUNTY		
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE EARLIEST (ADA/ERA) LATEST (ALL) April 22, 2016		
<input type="checkbox"/> RACE <input type="checkbox"/> RETALIATION	<input type="checkbox"/> COLOR <input type="checkbox"/> NATIONAL	<input type="checkbox"/> SEX <input checked="" type="checkbox"/> DISABILITY	<input type="checkbox"/> RELIGION <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> AGE <input type="checkbox"/> CONTINUING ACTION
Hostile Environment				
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was hired by the Respondent on March 14, 2016. My most recent position was Director of Engineering. When my employer learned of my Disability (partial blindness) I was terminated from employment on April 22, 2016.				
RECEIVED EEOC OCT 06 2016 CHICAGO DISTRICT OFFICE				
I believe that I have been discriminated against in violation of the American with Disabilities Act of 1990 as amended.		NOTARY - (When necessary for State and Local Requirements)		
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.		
I declare under penalty of perjury that the foregoing is true and correct. <i>Brian Huber</i>		SIGNATURE OF COMPLAINANT		
Date 10/05/2016 Charging Party (Signature)		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)		